



*"People  
helping people  
help  
themselves"*

Mitchell E. Daniels, Jr. Governor  
State of Indiana

*Division of Family Resources  
Bureau of Child Development*  
402 W. Washington Street, Room W386  
Indianapolis, IN 46204-2773

To: Ready to Learn Grantees

From: James F. Robertson, Director  
Bureau of Child Development, Division of Family Resources

Date: May 27, 2005

Re: Ready to Learn/Ready Schools Request for Funds (RFF) Grant Proposal

The Bureau of Child Development is pleased to announce the availability of grants to support the administration's goals of Good Start, Grow Smart. Research has shown that school readiness is multi-faceted, involving nurturing families, supportive communities, high quality early childhood programs and public schools that are mutually ready to serve the young children in their community.

It is the intent of the Bureau of Child Development to offer a total of \$1.5 million, available in competitive grants, one in each of the Bureau of Child Development Regions (see attached map). These grants will be offered for two years beginning January 1, 2006 with the option for a two year extension. A third and fourth year, if offered, will require an increased additional match each year

To be considered for these grants, all proposals must be submitted by close of business, 5:00p.m. July 15, 2005. **Late submissions will not be accepted.** Please mail or bring the original and three copies to:

MS02 Ellie Jones  
Bureau of Child Development  
402 West Washington St., Room W-386  
Indianapolis In. 46204

If you would like to receive an electronic version of the RFF, please e-mail  
[bcdcorrespondence@fssa.state.in.us](mailto:bcdcorrespondence@fssa.state.in.us)

[www.IN.gov/fssa](http://www.IN.gov/fssa)  
Equal Opportunity/Affirmative Action  
Employer



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### **ATTACHMENTS:**

PROVIDER DATA SHEET

TAX PAYER IDENTIFICATION FORM

DIRECT DEPOSIT FORM

BUREAU OF CHILD DEVELOPMENT REGIONAL MAP

## **PURPOSE OF GRANT**

- To strengthen child care environments so that Indiana's youngest citizens will be ready to be successful and enthusiastic learners in school environments;
- Provide community schools and other community systems with knowledge about the skills, experiences, and preparation that children bring from child care settings;
- Encourage community schools and child care settings to mutually support the most productive transition of all children from child care settings to local schools;
- Provide families of young children with the knowledge about the importance of quality child care and the contribution of quality child care to a successful transition to public school for their child's future success;
- Encourage the involvement of families in leadership roles and decision making in such initiatives.

## **GRANT REQUIREMENTS**

Each grant proposal must include the following:

- Demonstrate that grant funds will be utilized by community collaborations to bring about positive systemic changes in the relationships between quality child care settings and school systems for all young children in their community.
- Demonstrate that services already provided through Bureau of Child Development's Quality Partnerships will be used to augment proposal needs. (See attached list of Bureau of Child Development Quality Partners)
- Demonstrate use of all the following required tools:
  1. Indiana Department of Education Foundations for Learning-Early Learning Guidelines
  2. High Scope Ready Schools Assessment-used for community facilitation and discussion.
  3. The Early Childhood Environmental Rating Scale (ECERS), the Infant Toddler Environmental Rating Scale (ITERS), Family Child Care Environmental Rating Scale (FCCERS) - for assessing quality of child care environments
- Identify a 25% non-federal match. A cash match is preferred but the match can be of equal parts cash and in-kind match.
- Demonstrate that professional development opportunities will lead to college credits that support the acquisition of a Child Development Associate credential, or Associate/ Bachelor's degrees in Early Childhood Education.
- Demonstrate that families of young children will be included in leadership and decision making roles within the early childhood field and in the school.
- Demonstrate a financial and community commitment for sustainability beyond the grant period.
- Demonstrate strategies for possible replication in other communities.

- Demonstrate use of quantitative research and data collection to drive initiatives and document findings.
- Demonstrate evaluation strategies that will support the proposed or expected outcomes.
- Demonstrate that participating schools are Title I schools.
- Demonstrate that the grantee is qualified to receive funds (either a public entity of not for profit corporation) and is in good standing with the Secretary of State, the State Department of Revenue, and the Indiana Family and Social Services Administration.
- Demonstrate that the early education partners utilize a curriculum and assessment tools that are determined to be valid, reliable and appropriate for the children in care.
- Demonstrate that schools and early education partners have utilized the Ready Schools assessment to facilitate discussions.
- Demonstrate that early childhood settings have utilized the appropriate version (setting and age group) of the Early Childhood Rating Scale (ECERS) to assess their setting.
- Demonstrate that the grantee has a written Memorandum of Understanding with each of the partners.

## **ELIGIBLE APPLICANTS**

Each successful proposal must have the following partners:

- Accredited facilities: Licensed child care centers, licensed homes, and registered ministries
- Head Start and/or Early Head Start Programs
- Community School System
- Institutions of Higher Education
- Families of young children (ages birth to age eight )
- Providers of service to children with disabilities

In addition preference will be given to proposals that include other community partners such as:

- Other interested child care settings
- United Way
- Community Foundations
- Local Governments
- Faith based organizations
- Civic Organizations
- Bureau of Child Development Quality Partners (see attached list)

The role of each community partner must be clearly identified in the proposal. Successful proposals will document that these community partners have had prior successful interaction with some or all of the other members. In addition, each community partner must be supported by a letter from their chief executive officer and their governing board representative indicating support and commitment for the organizations involvement as identified in the proposal.

## **GRANT CONDITIONS**

- Each grantee will be required to maintain and provide data and reports electronically as requested by Bureau of Child Development.
- A representative or representatives will be required to attend quarterly “Quality Partner” meetings with Bureau of Child Development staff and other quality partners as well as other required trainings and meetings.
- Each grantee will be required to provide an evaluation component for their project.

## **TIMELINE**

July 15, 2005	RFF due to Bureau of Child Development
September 1, 2005	Notification of grant approval
January 1, 2006	Contract begins

## **PROJECT SUMMARY SHEET**

NAME OF APPLICANT ORGANIZATION:

ADDRESS:

BUREAU OF CHILD DEVELOPMENT REGION:

COUNTIES IMPACTED BY GRANT PROPOSAL:

GRANT AMOUNT REQUESTED:

MATCH AMOUNT:

PROJECT SCOPE AND SUMMARY:

EVALUATION FRAMEWORK: PLAN FOR MEASURING PROGRESS TOWARDS  
THE PROJECT'S GOALS AND HOW OUTCOME WILL BE MEASURED:

PROJECT TIMELINES:

SIGNATURE OF GRANTEE \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE OF PROJECT CO-COORDINATOR: \_\_\_\_\_

DATE: \_\_\_\_\_

## PROJECT GOALS NARRATIVE

**GOAL I:** Strengthen child care environments so that Indiana's youngest citizens will be ready to be successful and enthusiastic learners in school environments.

### STATEMENT OF NEED:

Performance Objective	Performance Standard	Performance Assessment

## PROJECT GOALS NARRATIVE

**GOAL II:** Provide community schools and other community systems with knowledge about the skills, experiences, and preparation that children bring from child care settings.

### STATEMENT OF NEED:

Performance Objective	Performance Standard	Performance Assessment



## PROJECT GOALS NARRATIVE

**GOAL III:** Encourage community schools and child care settings to mutually support the most productive transition of all children from child care settings to local schools.

### STATEMENT OF NEED:

Performance Objective	Performance Standard	Performance Assessment

## PROJECT GOALS NARRATIVE

**GOAL IV:** Provide families of young children with the knowledge about importance of quality child care and the contribution of quality child care to a successful transition to public school for their child's future success

### STATEMENT OF NEED:

Performance Objective	Performance Standard	Performance Assessment

## PROJECT GOALS NARRATIVE

**GOAL V:** Encourage the involvement of families in leadership roles and decision making.

### STATEMENT OF NEED:

Performance Objective	Performance Standard	Performance Assessment

**PROJECT GOALS BUDGET SUMMARY SHEET**  
**1-1-06 THRU 12-31-08 BUDGET PERIOD**

	GOAL I	GOAL II	GOAL III	GOAL IV	GOAL V	TOTAL
<b>SALARIES</b>						
<b>BENEFITS</b>						
<b>CONTRACTED SERVICES</b>						
<b>SUPPLIES</b>						
<b>TELEPHONE</b>						
<b>POSTAGE</b>						
<b>OCCUPANCY</b>						
<b>EQUIPMENT</b>						
<b>TRAVEL</b>						
<b>PRINTING</b>						
<b>OTHER (EXPLAIN ON ATTACHMENT)</b>						
<b>EVALUATION</b>						
<b>TOTAL REQUEST</b>						
<b>CASH MATCH</b>						
<b>IN-KIND MATCH</b>						
<b>TOTAL MATCH</b>						
<b>TOTAL PROJECT COST</b>						

**TOTAL BUDGET**

## **CERTIFICATION STATEMENTS AND ASSURANCES**

As a condition of participation for funding through the Ready to Learn Grant, the grantee must make the following assurances. These assurances shall be in effect throughout the funding period:

We assure that all information included in this application is true and correct.

We assure that the grantee is in good standing with the State Department of Revenue, Secretary of State's Office and Indiana Family and Social Services Administration.

We assure that the Ready to Learn strategies as described in the Request for Funds will be implemented.

We assure that we will provide data and reports electronically as requested by Bureau of Child Development.

We assure that a representative or representatives will attend quarterly "Quality Partner" meetings with Bureau of Child Development staff and other quality partners as well as other required trainings and meetings.

We assure that the grantee will demonstrate a cash or in-kind match with each claim submission.

Signature of Grantee: \_\_\_\_\_

Date: \_\_\_\_\_

## COMMUNITY PARTNERSHIP INFORMATION

**Please complete one for each member of the community partnership.**

☐ PLEASE CHECK IF THIS IS A REQUIRED MEMBER OF THE COMMUNITY PARTNERSHIP

☐ LETTER OF SUPPORT FROM CHIEF EXECUTIVE OFFICER AND GOVERNING BOARD REPRESENTATIVE ATTACHED

☐ MEMORANDUM OF UNDERSTANDING WITH GRANTEE ATTACHED

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, AND ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_

DESCRIBE PROPOSED ROLE IN THE COLLABORATION:

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DESCRIBE PRIOR SUCCESSFUL INTERACTION WITH OTHER PARTNERS:

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SIGNATURE OF PARTNER: \_\_\_\_\_

DATE: \_\_\_\_\_

## **READY TO LEARN GRANT SUBMISSION CHECKLIST**

THIS FORM SHOULD BE SUBMITTED WITH YOUR PROPOSAL

- ☐ PROJECT SUMMARY SHEET
- ☐ PROJECT GOALS NARRATIVE
- ☐ PROJECT GOALS BUDGET SUMMARY SHEET
- ☐ CERTIFICATION STATEMENTS AND ASSURANCES
- ☐ COMMUNITY PARTNERSHIP INFORMATION FOR EACH MEMBER OF  
COMMUNITY PARTNERSHIP
- ☐ LETTERS OF SUPPORT FROM CHIEF EXECUTIVE OFFICER AND  
GOVERNING BOARD REPRESENTATIVE FOR EACH COMMUNITY  
PARTNER
- ☐ MEMORANDUM OF UNDERSTANDING WITH EACH COMMUNITY  
PARTNER AND GRANTEE
- ☐ READY TO LEARN GRANT SUBMISSION CHECKLIST
- ☐ FSSA PROVIDER DATA FORM
- ☐ TAXPAYER IDENTIFICATION FORM
- ☐ DIRECT DEPOSIT FORM

## SCORING TOOL

Each proposal will be evaluated on a pass/fail basis. Proposal that are incomplete, do not conform to the required format or do not successfully demonstrate the ability to meet the grant requirements will be eliminated from consideration. Notification will be given to those entities that fail.

Upon successful submission of all the required elements of the RFF, each proposal will be evaluated on the following criteria:

NARRATIVE IMPACT AND SCOPE	30 POINTS
BUDGET AND SUSTAINABILITY	30 POINTS
EVIDENCE OF A STRONG COLLABORATION	30 POINTS
EVALUATION TOOL	10 POINTS
TOTAL	100 POINTS



## **FY2006 BUREAU OF CHILD DEVELOPMENT QUALITY PARTNERS**

INDIANA STATE DEPARTMENT OF HEALTH, MATERNAL AND  
CHILD HEALTH

INDIANA DEPARTMENT OF EDUCATION

INDIANA HEAD START PARTNERSHIP

INDIANA ASSOCIATION FOR THE EDUCATION OF YOUNG  
CHILDREN

INDIANA ASSOCIATION FOR CHILD CARE RESOURCE AND  
REFERRAL

FIRST AID, CPR, UNIVERSAL PRECAUTIONS CONTRACT

INDIANA INSTITUTE ON DISABILITY AND COMMUNITY,  
INDIANA UNIVERSITY BLOOMINGTON- INDIANA HEALTH  
CONSULTANTS

## FREQUENTLY ASKED QUESTIONS

1. Will there be only one grant per region?

Answer: It the intent of the Bureau of Child Development to award only one grant for each Bureau of Child Development region. However, depending on available funds and grant requests, it may be possible to fund more than one grant per region.

2. What is a collaborative partner?

Answer: A collaborative partner should have had successful interactions with one or more of the partners and demonstrate an agency commitment supported by a letter from the agency's Chief Executive Officer and Governing Board Representative. They must also be willing to participate in a shared or individual Memorandum of Understanding with the grantee.

3. How to you enter into a Memorandum of Understanding with families?

Answer: This can be accomplished by enlisting participation of parent groups such as Head Start Policy Councils, Parent Advisory groups, Parent Teacher Organizations/ Parent Teachers Associations or other parent groups.

4. How are matching dollars achieved?

Answer: It is the intent of the Bureau of Child Development that these grants have sustainability. Therefore the Bureau of Child Development will give preference to competitive grants that show strong community commitment. Matching dollars should be reflected on the project budget sheet.

For example:

100,000	Project Goals Budget
x .25%	Required Match
= 125,000	Total Grant Request

5. How do we budget for evaluation strategies that support the proposed or expected outcomes?

Answer: Each project goal must include an evaluation component. These may be budgeted per project goal and included in the budget for the overall project.

# FSSA PROVIDER DATA FORM

This form, with the applicable W9 Form, must be submitted to the FSSA Program Area and forwarded to FSSA Contract Management **PRIOR** to the preparation of **ANY** contract. Allow Contract Management 7 days to verify and enter

<b>FSSA Program Name:</b>			<b>Submitted on:</b>		
<b>Provider Contact Person:</b>			<b>Telephone:</b>	(      )	
<b>Fax Number:</b>			<b>E-mail Address:</b>		
<b>Provider's Legal Name:</b>					
<b>Provider's d/b/a Name:</b> (doing business as)					
<b>Provider's FID/EIN/SSN:</b>	<b>NOTE:</b> SSN may only be used if the legal name above is an individual's name.				
<b>Provider's Legal Status:</b>					
	Individual/Sole Proprietor				
	Corporation	Indicate:	__ For-Profit	__ Nonprofit	
	Government	Indicate:	__ Federal	__ State	__ County
	Limited Liability Company		__ City	__ Town	__ Township
	Partnership	Is it a LLP?	__ Yes	__ No	
		List all partners:			
	School Corp.	Indicate list # as assigned by the Dept. of Education		#	

<b>Director/Manager:</b>	<b>Name:</b>			<b>Title:</b>		
<b>Office/Street Address:</b> (Main Location)	<b>Street:</b>			<b>County:</b>		
	<b>City:</b>		<b>State:</b>		<b>Zip Code:</b>	—
	<b>Confidential Address?</b>	<b>Yes</b>	<b>or</b>	<b>No</b>	<b>Internet Address:</b>	
	<b>Phone#:</b>	(      )			<b>Phone#:</b>	(      )
	<b>Fax#:</b>	(      )			<b>Toll-Free#:</b>	(      )

<b>Mailing Address:</b>	<b>Street/POB:</b>		
	<b>City:</b>		<b>State:</b>
		<b>Zip Code:</b>	—

<b>Claims Payment A Address Street:</b>		
<small>This address is where checks will be mailed. EVERYONE MUST attach a W9 Form reflecting this address regardless of legal status.</small>	<b>City:</b>	<b>State:</b>
		<b>Zip Code:</b>

**How frequently do you wish to claim for reimbursement?**      ☐ Monthly - 12 claims      ☐ Semi-Monthly - 24 claims

**Term of Contract Requested:** \_\_\_\_\_

<b>County(ies) for which funding is requested.</b>	<b>Circle all that apply.</b>
01 Adams	13 Crawford
02 Allen	14 Daviess
03 Bartholomew	15 Dearborn
04 Benton	16 Decatur
05 Blackford	17 Dekalb
06 Boone	18 Delaware
07 Brown	19 Dubois
08 Carroll	20 Elkhart
09 Cass	21 Fayette
10 Clark	22 Floyd
11 Clay	23 Fountain
12 Clinton	24 Franklin
25 Fulton	26 Gibson
27 Grant	28 Greene
29 Hamilton	30 Hancock
31 Harrison	32 Hendricks
33 Henry	34 Howard
35 Huntington	36 Jackson
37 Jasper	38 Jay
39 Jefferson	40 Jennings
41 Johnson	42 Knox
43 Kosciusko	44 LaGrange
45 Lake	46 LaPorte
47 Lawrence	48 Madison
49 Marion	50 Marshall
51 Martin	52 Miami
53 Monroe	54 Montgomery
55 Morgan	56 Newton
57 Noble	58 Ohio
59 Orange	60 Owen
61 Parke	62 Perry
63 Pike	64 Porter
65 Posey	66 Pulaski
67 Putnam	68 Randolph
69 Ripley	70 Rush
71 St. Joseph	72 Scott
73 Shelby	74 Spencer
75 Starke	76 Steuben
77 Sullivan	78 Switzerland
79 Tippecanoe	80 Tipton
81 Union	82 Vanderburgh
83 Vermillion	84 Vigo
	_____ <b>Statewide</b>

Is this a female-owned business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Is this a minority-owned* business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %	Is there minority participation**? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ %
<small>*If minority ownership amounts to 51% or more of the company, answer "yes" and enter 100%.      **If not minority-owned, enter % of minority participation.</small>				

<b>Name/Title of persons authorized to sign legal documents and contracts.</b>	
1.	4.
2.	5.
3.	6.

## REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

**Purpose of form:** We are required to file an information return with the IRS and must get your correct taxpayer identification number (TIN) to report our payments to you.

Use Form W-9 on the reverse side, if you are a U.S. person (including a U.S. resident alien), to give us your correct TIN and, when applicable to:

1. Certify the TIN you are giving is correct.
2. Certify you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are an exempt payee.

If you do not provide us with the information, your payments may be subject to 31% federal income tax backup withholding. Also, if you do not provide us with this information, you may be subject to a \$50 penalty imposed by the Internal Revenue Service per I.R.C. 6723.

Federal law on backup withholding preempts any state and local law remedies, such as any rights to a mechanic's lien. If you do not furnish a valid TIN, or if you are subject to backup withholding, the payer is required to withhold 31% of its payment to you. Backup withholding is not a failure to pay you. It is an advance tax payment. You should report all backup withholding as a credit for taxes paid on your federal income tax return.

**Specific Instructions:** Enter your legal name on that line. Your legal name is the one that appears on your Social Security Card or your Employer Identification Number if a business. If you are a sole proprietor, then your legal name is the business owner's name. If you have a "doing business as" (d/b/a) name, enter on the trade name line. Enter your remit address on the next line, and if you have a separate address for purchase orders enter that address on the appropriate line.

Next select the organization type for your name, check the box, and record the appropriate taxpayer identification number (TIN) in the space provided. Notice that individuals and sole proprietors are the only types with a social security number. If you are a corporation or an exempt 501(a) organization, you must answer yes or no on legal and medical services. If you are a sole proprietor you must show the business owner's name in the legal name box and the business name in the trade name box. You cannot use only the business name. For the TIN, you may use either the individual's SSN or the employer identification number (EIN) of the business. However, the IRS prefers that you show the SSN.

Finally, complete the certification section, sign and date the form.

If you are a foreign person, use the appropriate Form W-8.

Taxpayer Identification Number Request

State of Indiana

W-9

DO NOT send to IRS

Print or Type		Return to address below
<b>Legal Name</b> (OWNER OF THE EIN OR SSN AS NAME APPEARS ON IRS OR SSN RECORDS) DO NOT ENTER THE BUSINESS NAME OF A SOLE PROPRIETORSHIP ON THIS LINE		
<b>Trade Name</b> Complete only if doing business as (D/B/A)		
<b>Remit Address</b>		
<b>Purchase Order Address- Optional</b>		
Check legal entity type and enter 9 digit taxpayer Identification Number (TIN) below: (SSN = Social Security Number, EIN = Employer Identification Number)		SSN or EIN must be for legal name above.
<input type="checkbox"/> <b>Individual</b>	(Individual's SSN) _____	
<input type="checkbox"/> <b>Sole Proprietorship</b> (Owner's SSN or Business EIN)	SSN _____ EIN _____	
<input type="checkbox"/> <b>Partnership</b> <input type="checkbox"/> General <input type="checkbox"/> Limited	(Partnership's EIN) _____	
<input type="checkbox"/> <b>Estate / Trust</b> Note: Show the name and number of the legal trust, or estate, not personal representatives.	(Legal Entity's EIN) _____	
<input type="checkbox"/> <b>Other</b> (Limited Liability Company, Joint Venture, Club, etc)	(Entity's EIN) _____	
<input type="checkbox"/> <b>Corporation</b> Do you provide legal or medical services? <input type="checkbox"/> Yes <input type="checkbox"/> no	(Corp's EIN) _____	
<input type="checkbox"/> <b>Government</b> (or Government operated entity)	(Entity's EIN) _____	
<input type="checkbox"/> <b>Organization Exempt from Tax under Section 501(a)</b> Do you provide medical services? <input type="checkbox"/> Yes <input type="checkbox"/> no	(Org's EIN) _____	
<input type="checkbox"/> Check here if you do not have a SSN or EIN but have applied for one.		

Under penalties of perjury, I certify that:

(1) The number listed on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me) AND

(2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends or (c) the IRS has notified me that I am no longer subject to backup withholding (does not apply to real estate transactions, mortgage interest paid, and acquisition or abandonment of secured property, contribution to an individual retirement arrangement (IRA), and payments other than interest and dividends.)

CERTIFICATION INSTRUCTIONS -You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return.

**THE IRS DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.**

I am a U.S. person (including a U.S. resident alien).

NAME (Print or Type)	_____	TITLE	_____
AUTHORIZED SIGNATURE	_____	DATE	_____
		PHONE	_____

Agency use only

Agency \_\_\_\_\_ 1099 ☐ Yes ☐ No Approved by: \_\_\_\_\_

☐ Add Deposit ☐ Change Deposit ☐ Stop Deposit

State Form 47551 (2/96)

Approved by State Board of Accounts 09/1997



## STATE OF INDIANA AUTOMATED DIRECT DEPOSIT AUTHORIZATION AGREEMENT

### Instructions:

1. Requestor will complete first section and have their bank/credit union complete Section 2.
2. The bank/credit union will complete Section 2 and return to the requestor.
3. Requestor will file completed form with Auditor of State, 200 West Washington St., Room 240, Indianapolis, IN 46204-2728
4. Requestor and depository should retain a copy. Additional blank copies are available from Auditor of State. Phone: (317) 232-3300

### SECTION 1: REQUEST AND AUTHORIZATION

\_\_\_\_\_  
Vendor / Claimant as shown on the account

\_\_\_\_\_  
Federal I.D. Number / Social Security Number

\_\_\_\_\_  
Address (Number and Street, and/or P.O. Box No.)

\_\_\_\_\_  
City, State, and Zip Code (00000-0000)

requests, pursuant to IC 4-8.1-2-7(d), to receive payment(s) by means of an electronic transfer of funds, and authorizes the same under the terms stated herein.

It is understood by the undersigned Vendor/Claimant that, if approved, the Auditor of State may authorize the Treasurer of State to: (1) initiate credit (deposits) in various and varying amounts, by electronic transfer of funds through automated clearing house (ACH) processes, to the below listed checking (*demand*) or savings account designated in the depository named below, and, (2) *if necessary*, to initiate debit entries or adjustments **solely to correct any credit error resulting from a deposit/credit entry that was made under this authorization**. The Vendor/Claimant may revoke or cancel this request and authorization by notifying the Auditor of State in writing at least fifteen (15) days prior. **Any change** to the account or to a new financial institution will require a **new** State of Indiana Automated Direct Deposit Authorization Agreement. Failure to timely notify the Auditor of an account change will delay payment.

Name of Depository: \_\_\_\_\_

Type of Account: ☐ Checking (*Demand*) ☐ Savings

Depository Account Number: \_\_\_\_\_

\_\_\_\_\_, 19\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Vendor / Claimant

### SECTION 2: DEPOSITORY'S APPROVAL

The above is satisfactory and the undersigned designated depository agrees to accept such automated deposits.

Name of Depository: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_  
(Number and Street, and/or P.O. Box No.) (City, State, and Zip Code (00000-0000))

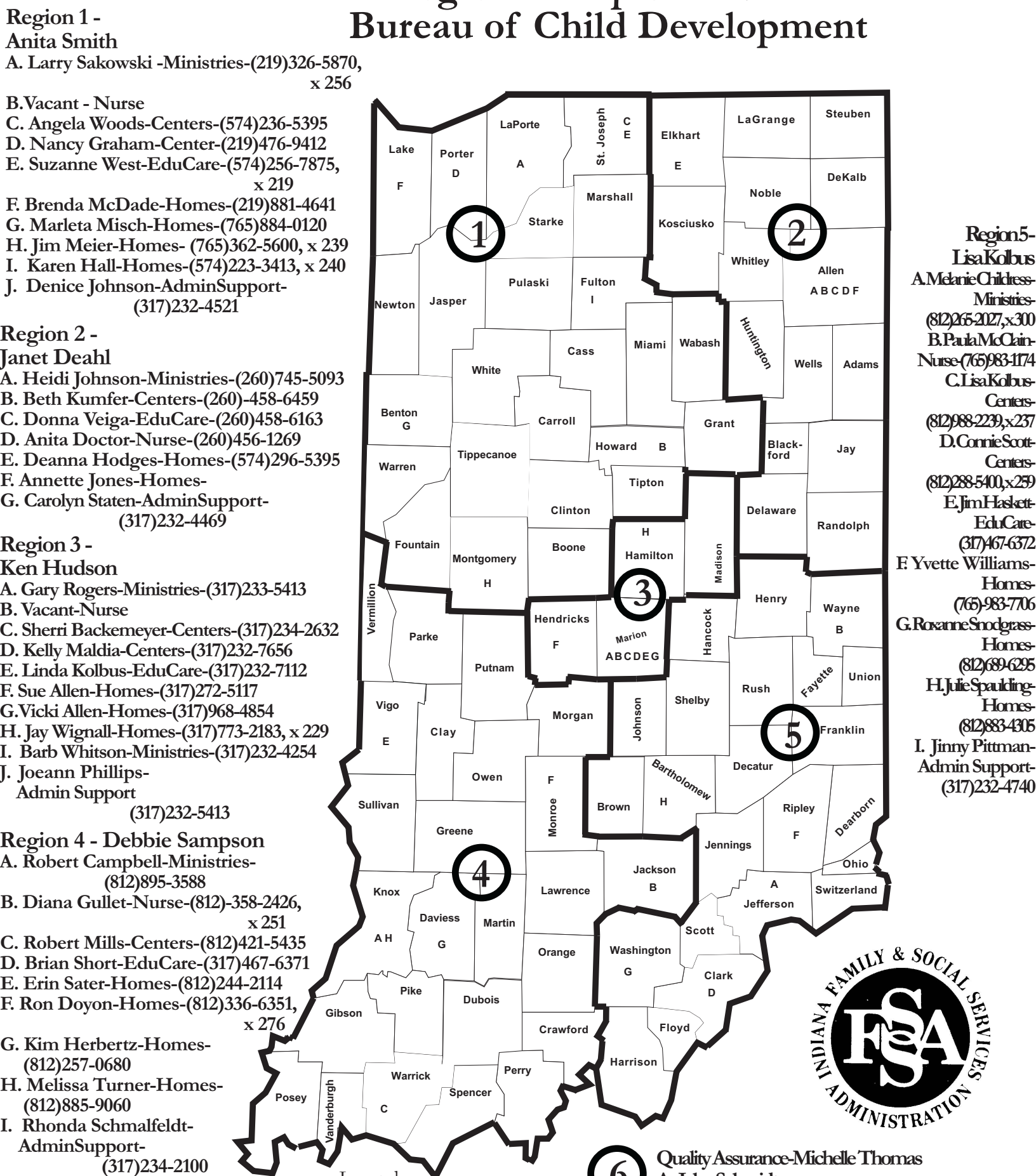
\_\_\_\_\_, 19\_\_\_\_\_  
Date

\_\_\_\_\_  
Depository's Authorized Signature

\_\_\_\_\_  
ABA Transit-Routing Number

\_\_\_\_\_  
Title

# Regional Map of Indiana Bureau of Child Development



Legend-  
Consultant Office address  
correspond with the letter  
next to the Consultant's name.

Updated May 18, 2005  
KC&Ko

